## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000107505

**Current Principal Place of Business:** 

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name: Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: HOLTZ WATER SERVICES, INC.

FILED Apr 07, 2003 Secretary of State

**New Principal Place of Business:** 

6223 POPLAR GROVE DR DAYTONA BEACH, FL 32127				6223 POPLAR GROVE DR PORT ORANGE, FL 32127			
Current Mailing Address:				New Mailing Address:			
6223 POPLAR GROVE DR DAYTONA BEACH, FL 32127				6223 POPLAR GROVE DR PORT ORANGE, FL 32127			
FEI Number: 59-3548492 FEI Number Applied For ( ) FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
KP&L SERVICES, INC. 390 NORTH ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 US				HOLTZ, KEVIN R MR 6223 POPLAR GROVE DRI PORT ORANGE, FL 32127 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE: KEVIN R. HOLTZ				04/07/2003			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () HOLTZ, LOU 9209 CROMWEI ORLANDO, FL 3			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition DU MWELL PARK PLACE , FL 32827	
Title: Name: Address: City-St-Zip:	ST () HOLTZ, KEVIN 6223 POPLAR G PORT ORANGE,			Title: Name: Address: City-St-Zip:		(X) Change()Addition EVIN LAR GROVE DR LNGE, FL 32127	
Title:	( )	Delete		Title:	C/D	( ) Change (X) Addition	

Title: ( ) Delete Title: T ( ) Change (X) Addition
Name: Name: HOLTZ, KELLY M
Address: Address: 6223 POPLAR GROVE DRIVE
City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HOLTZ, BETH

ORLANDO, FL 32827

MESSAGLIA, MICHAEL

5669 DAPPLE TRACE

INDIANAPOLIS, IN 46228

ALTENBAUMER, LUANNE

KATY, TX 77494

22615 JADEBROOK COURT

9209 CROMWELL PARK PLACE

( ) Change (X) Addition

( ) Change (X) Addition

SIGNATURE: KEVIN HOLTZ V 04/07/2003

() Delete

() Delete

ELIZABETH MESSAGLIA (D) 5669 DAPPLE TRACE INDIANAPOLIS, IN 46228

LOUIS HOLTZ, JR. (D) 100 BELLEFORD RIDGE COLUMBIA, SC 29223